



**Maryland Department of Transportation**  
The Secretary's Office

**MBE REPORT OF  
PAYMENTS RECEIVED**

FOR AGENCY USE ONLY

MBE SUBCONTRACTOR NAME: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_

PROJECT NUMBER/TITLE: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

MBE SUBCONTRACT AMOUNT: \$ \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

This certifies that for the period of \_\_\_\_\_, my company received \$ \_\_\_\_\_ .  
For work performed, services rendered and/or materials supplied on the above contract. Attach applicable invoices or purchase orders. Failure to comply may result in a finding of non-compliance of State regulations for this program.

**TOTAL RECEIVED TO DATE: \$** \_\_\_\_\_ . \_\_\_\_\_

\*\*\*Please indicate any unpaid invoices that have been submitted to Prime Contractor and have not been paid or are in dispute.

Are you experiencing any problems with the prime contractor and/or the project? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above information is true and accurate to the best of my record documentation and knowledge.**

\_\_\_\_\_  
(TYPED/PRINTED NAME OF COMPANY OFFICIAL)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(SIGNATURE OF COMPANY OFFICIAL)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
TELEPHONE